

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		11-18-01
O.I.P.E. CLASSIFIER			5-10-01
FORMALITY REVIEW	<i>[Signature]</i>	1090	06/09/01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	927	09/21/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	04/04/01
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	0
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	0
27	✓
28	✓
29	✓
30	6
31	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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